AEROSPACE BASIC COURSE

CERTIFICATION OF Qualifications
(Military and Civilian Students)

RANK/FULL NAME: _____

UNIT/BASE: _____

All sections of this form must be filled out and signed before you leave your home unit. Bring form to ABC for inprocessing.

1. The above individual is not on any temporary physical profile and is physically capable of fully participating in the ABC curriculum, to include strenuous aerobic exercise and field sports activities. For military personnel, this certification meets the same standards as the AF Form 422, Physical Profile Serial Report.

Typed/Printed/Stamped Name and   Date
Signature of Qualified Doctor/Medical Officer/Physical Exams Technician

2. The above individual was weighed and measured on _____(date/within 30 days of class start). Member meets Air Force weight/body fat standards IAW AFI 40-502.

Height: _____   Weight: _____   Body Fat % _____
                                                                                                     (req'd if over MAW)
MAW: _____   Max Body Fat %: _____

If member in Phase II of Weight Management Program (WMP)? Yes _____   No _____
***If member is in Phase II of WMP, member must bring WMP weight measurement record. If student is in Phase I of program he/she is ineligible to attend ABC. ***

NOTE: IF STUDENT ARRIVES OUTSIDE OF AF STANDARDS THEY WILL BE SENT BACK AT UNIT'S EXPENSE.

Typed/Printed Name, Rank and Signature   Date
Of Unit Weight Control Monitor

3. I certify the above information is accurate. The above individual has no professional or personal commitments the require time away form ABC, or any such commitments have been coordinated with ABC Director of Student Operations, ABC/DO, DSN 493-8095. In addition, I understand that the individual above:

a. Will not be accompanied by his/her family OR
b. Will be accompanied for at least 3 consecutive weeks between _____ and _____(dates) and has called Students Affairs, DSN 493-8064 to reserve accompanied lodging. **Students bringing family without prior authorization will need to find off-base accommodations for their family at their own expense or have them return home.**

Typed/Printed Name, Rank and Signature   Date
Of Unit Commander   Atch 2